



State of Tennessee  
**DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
**DIVISION OF WATER RESOURCES**  
William R. Snodgrass - Tennessee Tower  
312 Rosa L. Parks Avenue, 11th Floor  
Nashville, Tennessee 37243-1102

TN0081591  
TN DEPT OF ENVIRONMENT  
AND CONSERVATION

FEB 24 2014  
DIV OF WATER RESOURCES  
RECEIVED

January 7, 2014

Mr. Phillip Wallace  
Owner  
Phillip Wallace Farm  
800 Rainey Rd  
Sharon, TN 38255

Subject: **Permit Tracking No. SOPCD0019**  
**Phillip Wallace Farm**  
**Sharon, Weakley County, Tennessee**

*Handwritten:* E. J. H. W.  
phone 514-8822

Dear Mr. Wallace:

The Division of Water Resources (division) received your concentrated animal feeding operation (CAFO) permit application from the Tennessee Department of Agriculture (TDA) on November 12, 2013. While TDA determined that your application contained all of the required components, the division is denying your permit application and requiring you to apply for an individual NPDES permit for your CAFO.

A letter dated November 21, 2013, from Conner Franklin in the division's Jackson Environmental Field Office (EFO) stated that a discharge was observed at your facility during an inspection by division staff and EPA inspectors on September 12, 2013. An individual NPDES CAFO permit is required for any CAFO that has had a discharge. As such, you need to submit the following information to the address above within 60 days of the date of this letter:

1. A NPDES Permit Application Addresses Form, form number CN-1090, available on our website at: <http://www.state.tn.us/environment/permits/h2oforms.shtml>.
2. EPA Application Form 1, available on the above listed website.
3. EPA Form 2B, available on the above listed website.
4. A nutrient management plan that follows either the linear approach or the narrative approach, per the requirements listed in TDEC Rule 1200-04-05-.14(10)(f), available at: <http://www.state.tn.us/sos/rules/1200/1200-04/1200-04-05.20110531.pdf>.
5. A closure plan that addresses the requirements of TDEC Rule 1200-04-05-.14(6)(b)1.

*Handwritten:* state + computer

If you have questions, please contact the Jackson EFO at 1-888-891-TDEC; or, at this office, please contact Ms. Erin O'Brien at (615) 253-2245 or by E-mail at [Erin.O'Brien@tn.gov](mailto:Erin.O'Brien@tn.gov).

Sincerely,

*Handwritten signature: Brad Harris*

Brad Harris  
Manager, Land-Based Systems

cc: Permit File  
Jackson Environmental Field Office  
Tennessee Department of Agriculture  
Ms. Dianne Jenkins, Co-Owner, Jenkins Consulting, [joetn@ycinet.net](mailto:joetn@ycinet.net)

*Handwritten:* col. m. m. m.

FEB 24 2014

DIV OF WATER RESOURCES  
RECEIVED

We have submitted

- ① NPDES Permit Application Address Form CN 1090
- ② EPA Application Form 1
- ③ EPA Form 2 B.

- ④ We are changing P6. To state it will follow linear approach. He is farming this as a Bermuda hay farm & plans to continue to do this
- ⑤ The closure plan on p 15 meets requirements.
- ⑥ Also included in back of CNMP are hand written sheets showing him how to figure mass app. rates. p. 3-4 with guides of removal rate behind that

Daphne Duane Jenkins  
2-18-14

EPA I.D. NUMBER (copy from Item 1 of Form 1) <div style="display: flex; justify-content: space-between;"> <span style="font-size: 1.5em;">SOPC D0019</span> <span style="font-size: 1.5em;">Tracking #</span> </div>																																																
FORM <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">2B</div> NPDES	<b>EPA</b> U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES																																															
<b>I. GENERAL INFORMATION</b> <div style="display: flex; justify-content: space-between;">         Applying for: Individual Permit <input type="checkbox"/>         Coverage Under General Permit <input type="checkbox"/> </div>																																																
<b>A. TYPE OF BUSINESS</b>  <input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and section II)  <input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)	<b>B. CONTACT INFORMATION</b>  Owner/or Operator Name: <u>Phillip Wallace</u> Telephone: <u>(731) 514-8822</u> Address: <u>800 Rainey Rd</u> Facsimile: <u>( )</u> City: <u>Sharon</u> State: <u>TN</u> Zip Code: <u>38255</u>	<b>C. FACILITY OPERATION STATUS</b>  <input checked="" type="checkbox"/> 1. Existing Facility  <input type="checkbox"/> 2. Proposed Facility																																														
<b>D. FACILITY INFORMATION</b> Name: <u>Phillip Wallace Farm</u> Telephone: <u>(731) 514-8822</u> Address: <u>800 Rainey Rd</u> Facsimile: <u>( )</u> City: <u>Sharon</u> State: <u>TN</u> Zip Code: <u>38255</u> County: <u>Weakley</u> Latitude: <u>036° 13' 22.267" N</u> Longitude: <u>088° 50' 27.038" W</u>  If contract operation: Name of Integrator: <u>Josh Park</u> Address of Integrator: <u>P.O. Box 308</u> <u>Henry TN 38233</u>																																																
<b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>																																																
<b>A. TYPE AND NUMBER OF ANIMALS</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">1. TYPE</th> <th colspan="2" style="width: 80%;">2. ANIMALS</th> </tr> <tr> <th style="width: 40%;">NO. IN OPEN CONFINEMENT</th> <th style="width: 40%;">NO. HOUSED UNDER ROOF</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Mature Dairy Cows</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Dairy Heifers</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Veal Calves</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Cattle (not dairy or veal calves)</td><td></td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Swine (55 lbs. or over)</td><td></td><td style="text-align: center; font-size: 1.5em;">960</td></tr> <tr><td><input type="checkbox"/> Swine (under 55 lbs.)</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Horses</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Sheep or Lambs</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Turkeys</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Chickens (Broilers)</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Chickens (Layers)</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Ducks</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Other: Specify _____</td><td></td><td></td></tr> <tr><td><b>3. TOTAL ANIMALS</b></td><td></td><td></td></tr> </tbody> </table>	1. TYPE	2. ANIMALS		NO. IN OPEN CONFINEMENT	NO. HOUSED UNDER ROOF	<input type="checkbox"/> Mature Dairy Cows			<input type="checkbox"/> Dairy Heifers			<input type="checkbox"/> Veal Calves			<input type="checkbox"/> Cattle (not dairy or veal calves)			<input checked="" type="checkbox"/> Swine (55 lbs. or over)		960	<input type="checkbox"/> Swine (under 55 lbs.)			<input type="checkbox"/> Horses			<input type="checkbox"/> Sheep or Lambs			<input type="checkbox"/> Turkeys			<input type="checkbox"/> Chickens (Broilers)			<input type="checkbox"/> Chickens (Layers)			<input type="checkbox"/> Ducks			<input type="checkbox"/> Other: Specify _____			<b>3. TOTAL ANIMALS</b>			<b>B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE</b>  1. How much manure, litter, and wastewater is generated annually by the facility? _____ tons <u>1,244.842</u> gallons  2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? <u>26.5</u> acres  3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? _____ tons <u>0</u> gallons
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C. <input type="checkbox"/> TOPOGRAPHIC MAP		
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY		
1. Type of Containment	Total Capacity (in gallons)	
<input checked="" type="checkbox"/> Lagoon	5,696,768	
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		
2. Report the total number of acres contributing drainage: <u>0</u> acres		
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input checked="" type="checkbox"/> Anaerobic Lagoon	365 <sup>+</sup>	5,696,768
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		
E. NUTRIENT MANAGEMENT PLAN		
<p><b>Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.</b></p> <p>1. Please indicate whether a nutrient management plan has been included with this permit application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If no, please explain: <u>You have CNMP for nutrient management plan</u></p> <p>3. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. The date of the last review or revision of the nutrient management plan. Date: <u>11-8-2013</u></p> <p>5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:</p>		
F. LAND APPLICATION BEST MANAGEMENT PRACTICES		
<p>Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:</p> <p style="text-align: center; font-size: 1.2em;"><u>All fields are in Bermuda Bay</u></p> <p> <input type="checkbox"/> Buffers               <input checked="" type="checkbox"/> Setbacks               <input type="checkbox"/> Conservation tillage               <input type="checkbox"/> Constructed wetlands               <input type="checkbox"/> Infiltration field               <input type="checkbox"/> Grass filter               <input type="checkbox"/> Terrace           </p>		

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS					
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. Outfall No.	2. Flow (gallons per day)		1. Ponds	2. Raceways	3. Other
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	C. Provide the name of the receiving water and the source of water used by your facility.	
				1. Receiving Water	2. Water Source
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.					
1. Cold Water Species			2. Warm Water Species		
a. Species	b. Harvestable Weight (pounds)		a. Species	b. Harvestable Weight (pounds)	
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food	
IV. CERTIFICATION					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
A. Name and Official Title (print or type)			B. Telephone (731) 514-8822		
C. Signature X Philip A. Wallace			D. Date Signed 2-17-14		

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting)		EPA I.D. NUMBER Duck Creek SOPEC00019		T/A C D			
LABEL ITEMS		Phillip Wallace Farm 800 Rainey Rd Sharon TN 38255 Same as above		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		13 14 15			
I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION			
II. POLLUTANT CHARACTERISTICS		INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .							
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS		Mark "X"			
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)		YES	NO	FORM ATTACHED
		16	17	18			19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)					D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)				
		22	23	24			25	26	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)					F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				
		28	29	30			31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				
		34	35	36			37	38	39
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				
		40	41	42			43	44	45
III. NAME OF FACILITY		1 SKIP Phillip Wallace Farm							
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
		2 Wallace, Phillip				731 514 8822			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX							
		3 800 Rainey Rd							
		B. CITY OR TOWN				C. STATE		D. ZIP CODE	
		4 Sharon				TN		38255	
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
		5 800 Rainey Rd							
		B. COUNTY NAME							
		Weakley							
		C. CITY OR TOWN				D. STATE		E. ZIP CODE	
		6 Sharon				TN		38255	



VII. SIC CODES (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

F. CITY OR TOWN																																								G. STATE					H. ZIP CODE					IX. INDIAN LAND				
C																																																		Is the facility located on Indian lands?				
B Sharon																																								TN					38255					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15 16															40 41 42 47															51 52																								

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)	
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1 grower Barn with @ 960 hogs.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY	
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C	
1E	1C
	EE



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER RESOURCES  
Water-Based Systems  
William R. Snodgrass - Tennessee Tower  
312 Rosa L. Parks Avenue, 11<sup>th</sup> Floor  
Nashville, TN 37243-1102

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: \_\_\_\_\_ DATE: 2-17-14  
PERMITTED FACILITY: Phillip Wallace Farm COUNTY: Weakley

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact: <u>Phillip Wallace</u>	Title or Position: <u>Owner</u>		
Mailing Address: <u>800 Rainey Rd</u>	City: <u>Sharon</u>	State: <u>TN</u>	Zip: <u>38255</u>
Phone number(s): <u>731-514-8822</u>	E-mail:		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: <u>Phillip Wallace</u>	Title or Position: <u>Owner</u>		
Mailing Address: <u>800 Rainey Rd</u>	City: <u>Sharon</u>	State: <u>TN</u>	Zip: <u>38255</u>
Phone number(s): <u>731-514-8822</u>	E-mail:		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: <u>Phillip Wallace</u>	Title or Position: <u>Owner</u>		
Facility Location (physical street address): <u>800 Rainey Rd</u>	City: <u>Sharon</u>	State: <u>TN</u>	Zip: <u>38255</u>
Phone number(s): <u>731-514-8822</u>	E-mail:		

Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: <u>Phillip Wallace</u>	Title or Position: <u>Owner</u>		
Mailing Address: <u>800 Rainey Rd</u>	City: <u>Sharon</u>	State: <u>TN</u>	Zip: <u>38255</u>
Phone number(s): <u>731-514-8822</u>	E-mail:		
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No		



### 1.1. Introduction

This CNMP is for the Phillip Wallace Farm, a swine feeding operation, located at 800 Rainey Road, Sharon, TN 38255. This is a one barn facility that houses 960 growers. The average weight is 148 lbs. Pigs arrive @ 15 lbs and leave @ 280 lbs. He has @ 2.1 turns a year. The animals are in the house about 334 days the entire year allowing @ 15 days between turns for clean up. The manure generated from this operation will be utilized on farm in Bermuda hay production; in the past it was in row crop (corn-wheat-beans). The first year of the plan shows a production goal of 7 tons/ acre. After the first year, the goal is 10 tons/acre. The rate of application on manure is based on UT BESS 100 for Hybrid Bermuda for Nitrogen application goal and MMP Crop Removal Rates for P2O5. His soil test levels are high and medium. Thus I choose this route to follow. This will allow him to use his manure and hopefully draw down his P2O5 levels and K2O levels in the soil. As his yields increase above 7-10 tons/ac., he can then re-calculate his application rate to fit his new yield goals.

In the back of this document, there will be a form showing him how to make these calculations yearly. It is based on the new manure analysis he takes each year.

All mortalities from this facility are transported daily to Tosh Farms-Gilkey facility.

The producer will keep up with mortalities leaving his facility and Tosh Farms will keep up with the mortalities arriving from Phillip Wallace Farm facility.

( This plan is written in a linear approach. His fields are in Bermuda and will be in this grass for several years. )

**Table 1: Resource Concerns**

Soil Erosion Concerns	Water Quality Concerns	Other Concerns Addressed
Erosion from irrigation	Maintain nutrients in soil not in waters of the State	Odor control Pest-Vector Control
Sheet and Rill Erosion		

**Erosion from irrigation:** This concern is addressed by limiting the application amounts of manure to one half inch or less per application and the production of Bermuda hay on the fields.

**Sheet and rill erosion:** This concern will be addressed by limiting the application amounts to one half inch or less per application and maintaining a good stand of Bermuda on the fields.

**Nutrients in surface water:** This concern is addressed by the establishment of a Bermuda stand on the fields and making sure he does not apply manure in the setback areas.

**Odor control:** This concern will be addressed with normal maintenance of the hog parlor and the timing of the applications of the manure with attention given to wind direction, neighbor activities, and weather conditions in general.

#### 1.1.1. **Confined Animal Feeding Operation (CAFO) Permit**

NPDES Permit #

At this time he as a NPDES permit, he will be applying for a SOPCD permit.